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Sex

M

Birthdate

01/01/1994

SSN

457-78-7894

Street

1234 Magnolia

Suite

C

City

Riverside

State

CA

Zip

92503

NAME

First

Fred

Middle

K

Last

Garza

CONTACT INFO

Day

909-888-4321

Night

909-123-4567

Fax

714-456-7865

Beeper

714-567-7896

E-Mail

FredGarza@aol.com

WWW

INSURANCE

Name

Health Net

Primary

Secondary

Medicare

Group #

5341A

Policy Number

587-10-8782

Effective Date

02/03/1997

Physical and History

Progress Note

Labs

X-Ray/EKG

Insurance

Hospital/Consultation

Scroll Picture

Load Photo

NUM

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Patient Number 1 Name (Last, First) Yang, Shi Tai Go

DX Rx CP LB

Generic SOAP Form

Date of Serv 09/15/1998 Weight 100 lb 0 oz Height 5 ft 0 in Temp 100.5 F

Age 20 Year B.P. 100 / 80 Pulse 100 Resp 20 Imaged 4

Allergies

Physical and History

Progress Note

Generic SOAP

DOS: 1998/09/15

DOS: 1998/02/03

DOS: 1995/06/28

Lab

X-Ray/EKG

Insurance

Hospital/Consultation

Ready

Subjective

Palpitation on and off

Dictation for Subject

Palpitation on and off

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Load Image Import Export Print

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Figure 2.

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126-1

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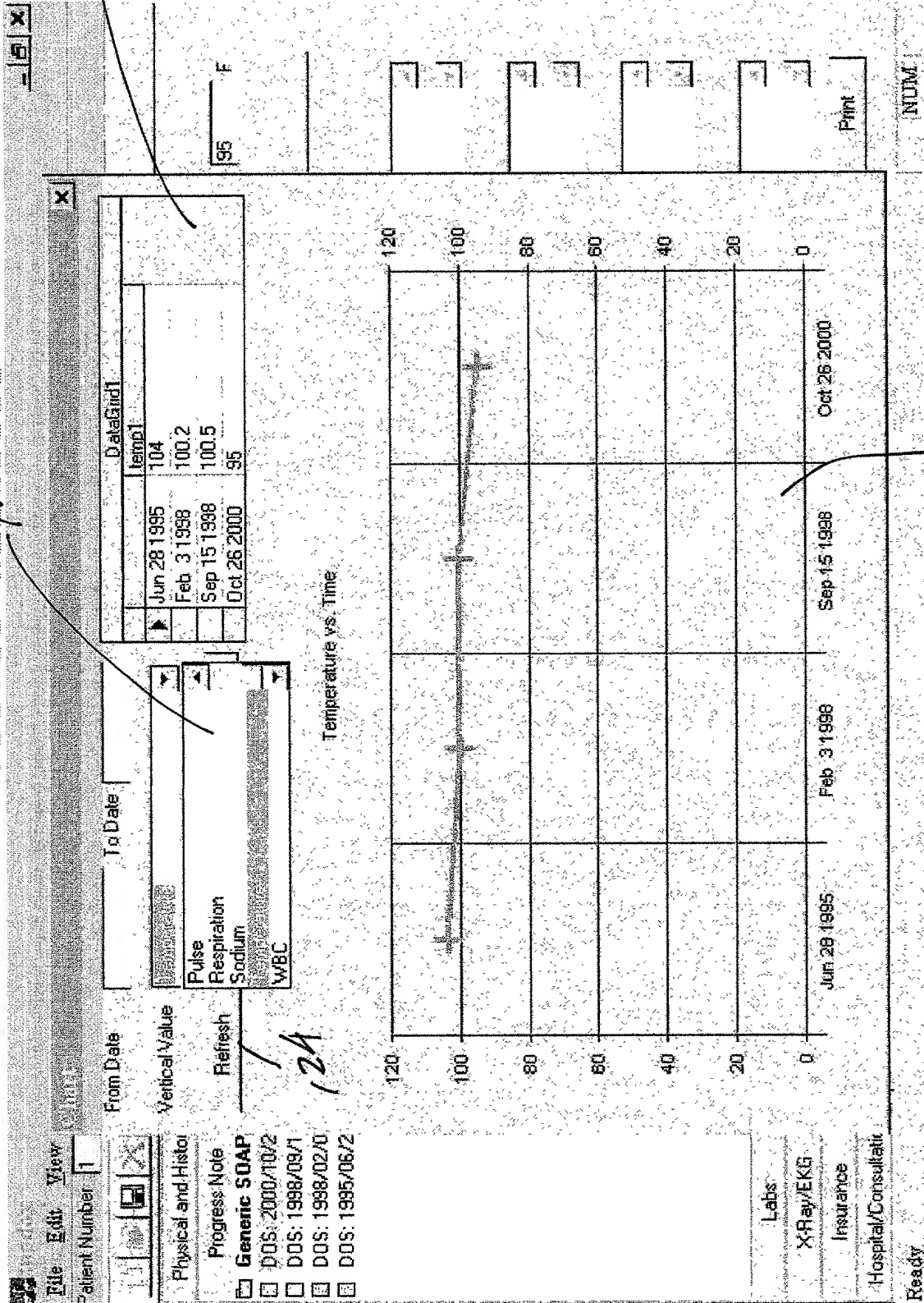


Figure 34